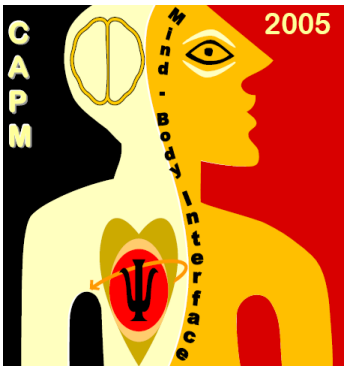


CAPM Newsletter



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Upcoming CAPM Events

CAPM Scientific Meeting:
"Consultation-Liaison Psychiatry in the 21st Century"

Wednesday September 22,
2010. Toronto, Ontario.

CPA Scientific Meeting
September 23-26, 2010
Westin Harbour Castle
Toronto, Ontario
Drs. S. Sockalingam and
R. Hawa "CL in Issues in
Bariatric Surgery"

Dr. R. Hewko
"Seizures"

The New Royal College Diploma Proposal

In 2009, the Royal College developed a proposal for Diploma recognition of certain disciplines that are considered to be focused areas of general practice within a parent discipline (re: Psychiatry), rather than being distinct subspecialties (re: Child, Geriatric, Forensic). Highlights of the proposal include: 1-2 years of additional training and built upon training in a broader discipline, supported within the existing Specialty Committee of the primary discipline, assessed through summative portfolio with no formative exam(s), and accredited according to Royal College standards at each university site. Successful Diploma candidates will have the title DRPCP. It is the intent to accomplish the requirements of the Diploma program within the 5 years of general psychiat-

ric training, but one can opt to do a PGY-6 year. The RC's goal is to "avoid unnecessary fragmentation" of the parent discipline and "establish national standards for training and specialist competence". Those already in practice may obtain a Diploma if they are deemed eligible. Currently, the RC is getting stakeholder feedback and preparing for a vote at the Council of Specialists meeting in April, with the possibility of final ratification by June 2010.

What does this mean for CL Psychiatry? CAPM had originally applied for subspecialty recognition along with the other academies in 2007, but was rejected by the RC based on the worry around fragmenting general psychiatry and the lack of infrastructure for fellowship training across Cana-

dian universities. We are eligible to apply for subspecialty recognition again beginning October 2010. The Diploma proposal, which seems likely to be ratified based on personal perception, allows for recognition of a specific field without necessarily adding to the length of training. Will this mean more residents will be interested in a CL Diploma program over a CL subspecialty? Does this dilute our discipline by applying for Diploma program status and therefore accepting we are not a distinct area of practice but rather a focused area of general practice? Does a Diploma program have less clout at the university or CPA level? As CAPM members, tell me your thoughts on this proposal and how we might proceed. For more info, visit the RC website. PC

Interim Results: CL Survey of Residents -Dr. T. Nguyen

The purpose of the 12-item online survey was to assess Canadian residents' perception of CL psychiatry as a subspecialty. The response rate was 35%, n=199. 3 universities were excluded because of the

inability to reach their COPE reps. 60% believed a CL psychiatrist should complete 6-12 months or more than 12 months of additional training to be competent and qualified. 68% believed CL repre-

sented a distinct psychiatric subspecialty, as important as Forensics and Geriatrics and more important than Child Psychiatry. Abstracts have been submitted for presentation at the next CPA, APM & SoBP. PC

University of Toronto Dept. Of Psychiatry's "Psychiatry, Health and Disease Program"

Consultation liaison psychiatry at the University of Toronto occurs in the Psychiatry, Health and Disease Program. It is the 3rd largest psychiatry program at the University of Toronto, with about 100 faculty, and energetic activity takes place in clinical work, education and research. Areas of focus include the psychiatry associated with various illnesses - such as cardiac psychiatry or psycho-oncology, that focused on treatment settings - such as transplant units or ICU's, and



on the fundamental clinical issues confronted on a CL service. The days are taught by teams of teachers, with clinical

psychosomatic areas such as sleep medicine and eating disorders.

Postgraduate education has been a recent focus of innovation within the Program. The core curriculum has been rejuvenated, with 6 full day 'mini-conferences' focusing

examples that integrate a developmental perspective and different clinical foci. There are also themes that occur longitudinally in the course, including psychopharmacology, neuropsychiatry, and psychotherapy. There are currently 6 general hospitals, and 1 each of paediatric, oncological and rehabilitative hospitals available for training. Our next focus educationally will be Shared Care, which will be integrated into the core PGY-4 CL rotation. This educational program is being developed in collaboration with both the General Psychiatry Program and the Department of Family Practice.

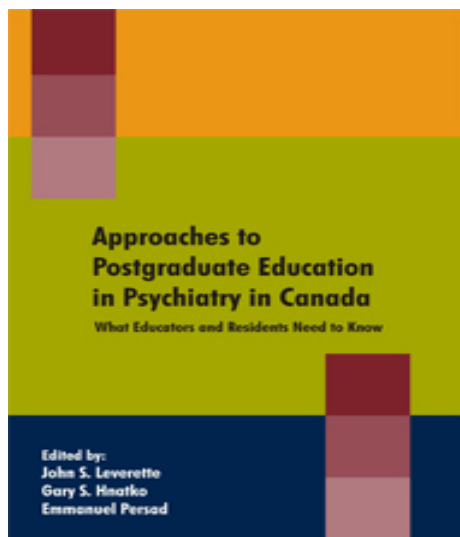
In this edition of the newsletter 3 innovative programmatic programs from the University of Toronto are highlighted; the bariatric surgery clinic created by Drs. Hawa and Sockalingam, the HIV psychiatry component focused on women and reproduction created by Dr Julie Maggi, and the Movement Disorders Program run by Dr Mateusz Zurowski. These illustrate the enthusiasm with which U. of T. faculty engage in new and complex clinical areas, looking to deepen our knowledge of patients so that we can improve their experience, and lessen their burden. JH

Jon Hunter Bsc MD FRCPC. Program Head, Psychiatry, Health & Disease, Dept. of Psychiatry, University of Toronto

CPA's Core Competencies for CL Psychiatry Residency Training -Drs. F. Gagnon and J. Fleming (2009)

The Canadian Psychiatric Association, with endorsement from the Royal College, created training requirements for residents training in general psychiatry and a number of other subspecialized fields including CL psychiatry. This book was published in 2009 and available through the CPA's website.

Dr. F. Gagnon at Laval, past president of CAPM, combined with Dr. J. Fleming at UBC to create objectives in the PGY-4 or PGY-5 resident's mandatory 3 month CL rotation. By using patient logs within a learning portfolio, a number of training targets are outlined including manag-



ing a certain minimum number of patients with delirium, pain, dementia, mood and anxiety disorders, addictions, chronic or terminal illnesses, somatoform disorders within the CanMEDS framework. The experience with seeing abnormal illness behaviours in the context of medical disease is emphasized, along with the complexities of managing suicidal or self-harming patients on medical units. The

objectives provide a template for resident training objectives for universities. They are the foundation by which to build upon in developing fellowship training objectives. The CAPM Board has recently taken up the task to develop national CL fellowship training guidelines in the CanMEDS format, in preparation for a re-application to the Royal College for official recognition of the field. PC

Psychiatric Consultation in Bariatric Surgery: U. of T.'s Psychosocial Program

¹Dr. Raed Hawa and ²Dr. Sanjeev Sockalingam

University Health Network, ¹Toronto Western Hospital and ²Toronto General Hospital

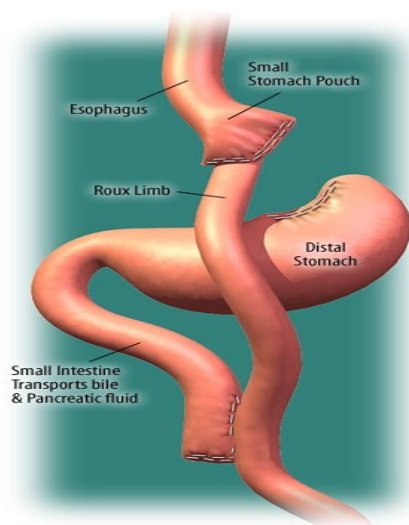
With the growing epidemic of obesity in North America, bariatric surgery or gastric bypass surgery has emerged as a viable treatment option for morbid obesity. Psychiatrists with knowledge in weight loss treatments and bariatric surgery are needed due to the high rates of psychiatric co-morbidity in candidates presenting for bariatric surgery.

Recent studies suggest that approximately 40% to 50% of surgical candidates have a current psychiatric disorder and up to 30% of patients will be diagnosed with an affective disorder. Moreover, 20% of patients in the

pre-operative phase suffer from binge-eating disorder (BED) and 5% to 20% may also meet criteria for night eating syndrome. Further complicating pre-surgical psychosocial assessments are the high rates of psychiatric co-morbidity with 43% of patients suffering from at least two Axis I disorder over their lifetime. Adult attention deficit hyperactivity disorder and substance use disorders are also prevalent in bariatric surgery candidates and should be recognized and treated in order to improve post-operative adherence and weight loss outcomes. Based upon the high rates of psychiat-

ric co-morbidity, current bariatric surgery guidelines require a comprehensive psychological assessment as part of the pre-surgical assessment phase.

Although the long-term impact of psychiatric history and active psychiatric disorders on weight loss postoperatively is unclear at this time, significant physical and mental impairment may manifest in patients after 2 years post-surgery. At 4-year follow-up, bariatric surgery patients have demonstrated gradual increases in mood and anxiety in comparison to 1-year post-operative levels.



Serious psychiatric adverse events are extremely rare but anecdotal cases of suicide post-bariatric surgery highlight the need for screening and treating uncontrolled, severe depression in the pre- and post-operative phases of follow-up.

During the post-operative phase, studies suggest an overall decrease in BED rates, surgery outcomes for BED suggest an overall decrease in binge eating disorder rates; however, 46% of patients may still experience sub-syndromal BED symptoms

(e.g. episodes of loss of control of eating) resulting in adverse post-operative complications and weight re-gain in a subset of these patients. Moreover, impulsivity may manifest in response to restrictions in pre-surgical eating behaviours and requires appropriate psychosocial monitoring and support during the post-operative phase.

Over the last year, the Ontario government has invested in the development of the Ontario Bariatric Network, which will oversee bariatric surgery across the province. As part of this provincial initiative, 6 university-affiliated hospitals have formed the University of Toronto Bariatric Surgery Collaborative and will perform over 900 surgeries per year once fully operational. As part of this program, we have developed a comprehensive bariatric surgery psychosocial program at the Toronto Western Hospital (TWH), which is one of two assessment centres within this collaborative. Our psychosocial program consists of two psychiatrists, two nutritionists, a mental health social worker, a clinical nurse specialist, a psychologist and a psychometrist. As part of our program, bariatric surgery patients receive comprehensive pre-surgical psychosocial assessments and post-

Psychiatric disorders among bariatric surgery candidates: relationship to obesity and functional health status.

Kalarchian MA et al. American J Psychiatry 2007; 164:328-334.

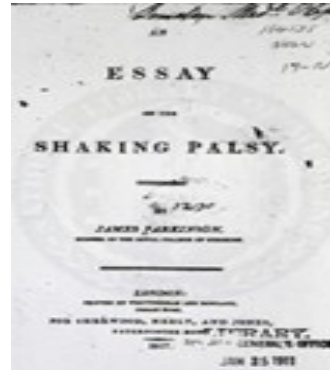
operative psychosocial care for up to 5 years post-surgery. Peri-operative and long-term post-operative psychosocial treatments include pharmacological management, cognitive behavioural therapy and group interventions. The program is focusing on education and research and is currently examining specific psychosocial predictors of weight loss, surgical and psychosocial outcomes.

For more information on this topic, please attend the CAPM sponsored symposium "Bariatric Surgery: A Guide for Psychiatrists" at the CPA Annual Meeting in Toronto.

Consultation-Liaison Psychiatry and Movement Disorder - Dr. M. Zurowski

In the division of neuropsychiatry Dr. Mateusz Zurowski is closely allied with the Movement Disorder Clinic at the Toronto Western Hospital headed by Dr. Anthony Lang. This clinic is one of the largest such clinics in North America treating primarily patients with Parkinson's Disease, dystonia, tremor and Psychogenic Movement Disorder. Patients with Parkinson's Disease are the group most commonly seen given that the illness affects 1% of the general population. These patients pose a particular challenge and opportunity for psychiatry because of the high psychiatric co-morbidity that

significantly influences their ability to function. This span the gamut of psychiatric pathology from depression and anxiety to impulse control problems, stereotyped behaviors, dementia and psychosis. There is in fact a growing acknowledgement among neurologists that Parkinson's Disease is more than a movement dis-



order and that attending to non-motor aspects of the illness is required to optimize patient's day to day functioning and living in the community. From the psychiatric viewpoint patients with movement disorders are extremely fascinating and a particular challenge because their symptoms occur at the confluence of primary psychiatric illness, Parkinson medications or deep brain stimulator settings, and also the progression of their neurodegenerative disorder.

At the University of Toronto, we attempt to have liaison psychiatrists 'embedded' as much as possible within the teams that they work with. Dr. Zurowski's work is an exemplary example of this approach. He has worked in collaboration with neurologists from the Movement Disorder Clinic and Dr. Valerie Voon examining the prevalence and risk factors for the development of Impulse Control Disorders such as Pathological Gambling or Hypersexuality in patients with Parkinson's Disease. Other investigations include imaging studies of patients with visual hallucinations, examining the role of 5HT-2a receptors in these phenomena. Currently he is working as a co-investigator on a

neuroethics grant through CIHR (in collaboration with a German group from Cologne) examining legal, ethical and identity-of-self aspects of deep brain stimulation in patients with movement disorders. He is also working in collaboration with the Dystonia Coalition on an NIH funded study developing psychiatric screening and scale validation of psychiatric pathology in patients with Cervical Dystonia. Finally, Dr. Zurowski has contributed to expert guidelines for assessment and follow up of patients prior to, and after deep brain stimulation for dystonia. This far ranging activity illustrates the extensive involvement of psychiatric input to the management of patients with movement disorders at the

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Factors associated with dopaminergic drug-related pathological gambling in Parkinson disease. Voon V et al. [Archives of Neurology](#). 2007 Feb;64(2):212-6

Toronto Western Hospital, and provides a model for collaborative consultation liaison psychiatry.

CAPM MIT Member and Webmaster (www.capm.wikispaces.com)

Dr. Maia Love is a PGY-2 resident in Psychiatry at UBC. Consult-Liaison Psychiatry experiences are what intrigued her sufficiently to enter the career of psychiatry. Besides creating and organizing the CAPM website, as well as de-

signing others, she was a researcher in coronary angiography and youth addictions. Rounding out her various talents include being a former artistic director for a dance company! Thanks Maia for all your hard work.



HIV Psychiatry Network in Toronto—Dr. J. Maggi (St. Michael's)

With the advent of Highly Active Antiretroviral Therapy (HAART) individuals with HIV are now surviving much longer; however, they are now faced with managing a chronic illness that can include physical symptoms such as fatigue, and side effects to medications. The epidemiology of the illness in Canada has also changed; although gay men continue to represent the greatest proportion of new infections, IV drug users are increasingly infected, individuals from endemic countries and aboriginal Canadians are disproportionately infected, and women now

represent about 22% of the national prevalence.

There are several important mental health issues to consider in the context of HIV illness. Reported rates of depression in HIV vary but some studies have shown higher rates than in the general population, and depression can affect adherence to medications and quality of life. Cognitive impairment, while typically less severe in individuals taking antiretroviral therapy, still occurs in its milder form - Minor Cognitive Motor Disorder - at about the same rate as before the ad-

vent of HAART - 20-25%. Psychosocial factors such as stigma and discrimination can have profound effects on mental well-being and make negotiating disclosure and relationships challenging. With an increasing number of people being diagnosed with HIV in Canada coming from countries where HIV is endemic, cross-cultural psychiatric issues and coping with trauma are coming to the forefront.

At the University of Toronto affiliated hospitals, clinical and research programs have grown to address evolving issues in HIV psychiatry. St. Mi-

chael's Hospital HIV Psychiatry Program, offers inpatient and outpatient care, and has several links to community organizations to provide support for harder to serve individuals. Ongoing research examines the emerging emotional and social support needs of women with HIV, neurobehavioural sequelae of HIV, and educational needs of psychiatrists in African nations. Mt Sinai Hospital's Clinic for HIV-Related Concerns provides comprehensive mental health services to those infected and affected by HIV, with a focus on providing psychotherapy in several modalities. Current research includes examining the efficacy of several novel mental health therapies such as Narrative Compe-

tence therapy. Women's College Hospital provides outpatient mental health care, including psychiatric assessments and psychotherapy, focusing on the unique gender issues that affect women with HIV. Research includes developing and evaluating an online support intervention for women with HIV. There are several important research and educational liaisons between hospital sites allowing expertise to be shared. One team involving St. Michael's Hospital,

The Centre for Addiction and Mental Health, Casey House, the AIDS Committee of Toronto, and University of Toronto Social Work have been examining the use of motivational interviewing for HIV prevention. Clinicians from all services have formed an important partnership to offer electives at all levels of psychiatric education.

Transformation Through Collective Action: Best Practices in Addressing Migration, HIV & Mental Health. Toronto, ON, Committee for Accessible AIDS Treatment. 2009. Cain R et al.

Dr. Robert Hewko: CAPM Honorary Member

Dr. Robert Hewko is a Clinical Professor of Psychiatry at UBC, and the head of the Consultation-Liaison Psychiatry Service at Vancouver General Hospital. He began working in CL full-time in 1986 and has been a pioneer locally in championing Psychiatry's involvement on medical-surgical units. He

has many areas of expertise, but particularly dealing with pain, addiction, somatoform disorders, and delirium. His excellence in teaching has been formally recognized and he has influenced generations of residents to be leaders in CL psychiatry. He is now a CAPM honorary member.



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CAPM (Canadian Academy of Psychosomatic Medicine). is one of the 4 recognized academies by the CPA and comprises mostly of hospital-based Consultation-Liaison psychiatrists across the country. It was founded in 2005. One of its major objectives is working with academic institutions to develop, implement and evaluate standards of training for undergraduates, postgraduates, and psychiatrists in the field of Psychosomatic Medicine.

Membership is \$75 annually. Free for members-in-training

Please join us today!

Email for application: pechan@interchange.ubc.ca

Canadian Academy of Psychosomatic Medicine Scientific Meeting: Consultation-Liaison Psychiatry in the 21st Century Wednesday September 22, 2010. Toronto, Ontario.

Plenary Speakers:

François Lespérance, MD, FRCPC. Professeur Titulaire/Professor, Chef/Chief, Département de psychiatrie/ Department of Psychiatry, Centre Hospitalier de l'Université de Montréal .

Gary Rodin, MD, FRCPC. Head, Department of Psychosocial Oncology and Palliative Care, Princess Margaret Hospital, Dept. of Psychiatry, University of Toronto

Susan Abbey, MD, FRCPC. Director, Program in Medical Psychiatry, University Health Network. Director of Psychosocial Services for the Multi-Organ Transplant Program. Dept. of Psychiatry, University of Toronto.

Proposed Topics: Cardiac Disease and Mental Health, Psycho-oncology, Somatoform Disorders, Psychotherapy for the Medically Ill, Psychiatric Issues and Hepatitis C.

Program & registration form will be circulated and posted on the CAPM website .

www.capm.wikispaces.com

Conference contact: Dr. Nathan Schaffer, MD, FRCPC. Email: schaffer@interchange.ubc.ca

This inaugural conference is intended for all those practitioners who are involved with managing those medically ill patients with concurrent mental health issues.